IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NORTH CAROLINA
5:25-cv-00617

PAMELA CHAMBERS,

Plaintiff,

v.

LESLIE DISMUKES, et al.,

Defendants.

MEMORANDUM IN SUPPORT OF PLAINTIFF'S MOTION FOR A PRELIMINARY INJUNCTION

INTRODUCTION

Plaintiff Pamela Chambers is a 64-year-old woman in the custody of the North Carolina Department of Adult Correction (DAC). More than three years ago, DAC's own medical providers diagnosed Ms. Chambers with cataracts and prescribed cataract removal surgery for both eyes. After successful surgery on her right eye, however, DAC cancelled the second surgery without explanation. Since then, DAC's medical providers have repeatedly recognized Ms. Chambers' ongoing need for the cataract to be removed from her left eye. But DAC and its officials (Defendants) have withheld surgery—not for any medical reason, but because of an administrative rule that "[p]atients receive one cataract surgery while incarcerated." Selected Medical Records, D.E. 8-4 at 9.

As a result, Ms. Chambers suffers from functional blindness in one eye, chronic double vision, poor depth perception and balance, eye strain, and headaches. This has created an unnecessary fall risk for an older woman—indeed, Ms. Chambers regularly runs into objects because of her poor depth perception and has hit her head so badly she needed medical attention. She has also lost jobs she is otherwise qualified for because of her vision, and she experiences persistent fear and anxiety from her increased vulnerability to attacks from other prisoners.

Ms. Chambers now moves for a preliminary injunction on her Eighth Amendment claim that Defendants have been deliberately indifferent to her serious medical need. Ms. Chambers respectfully asks the Court to order Defendants to provide her with a cataract consultation with an ophthalmologist—already requested by DAC's own providers—and to provide the treatment as directed.

Ms. Chambers will likely succeed on the merits of her claim for two independent reasons. First, the Eighth Amendment forbids blanket bans on specific medical treatments because such bans prohibit care tailored to an individual patient's needs. *See De'lonta v. Angelone,* 330 F.3d 630, 635 (4th Cir. 2003). As one court explained in the context of banning second-eye cataract removals, "[T]he blanket, categorical denial of medically indicated surgery solely on the basis of an administrative policy that 'one eye is good enough for prison inmates' is the paradigm of deliberate indifference." *Colwell v. Bannister*, 763 F.3d 1060, 1063 (9th Cir. 2014). That is what Defendants have enacted here.

Second, even without a blanket ban, prison officials cannot deny medically necessary care for non-medical reasons. *See Gordon v. Schilling*, 937 F.3d 348, 361 (4th Cir. 2019). Here, Defendants' own providers have repeatedly acknowledged Ms. Chambers' need for a second cataract removal, yet Defendants have never provided a medical justification for denying it.

Ms. Chambers also faces the risk of irreparable harm, and the balance of equities and public interest weigh strongly in her favor. Therefore, a preliminary injunction is appropriate.

FACTS

Plaintiff Pamela Chambers has been in DAC custody since 1992. Verified Amended Complaint, D.E. 6 ¶ 16. She is 64 years old and currently housed at the North Carolina Correctional Institution for Women (NCCIW). *Id.* ¶¶ 8, 16. By 2022, she had developed cataracts in both eyes. *Id.* ¶ 17

As explained by Ms. Chambers' expert witness, ophthalmologist Dr. Veena Raiji, a cataract is a clouding of the eye's natural lens that leads to progressive loss of vision. Declaration of Dr. Veena Raiji, D.E. 8 ¶ 13. People with cataracts typically experience blurred or dim vision, glare and halos around lights, reduced contrast sensitivity, and difficulty reading fine print. *Id.* Without treatment, cataracts can progress to severe visual impairment or blindness and increase risks of falls and other accidents. *Id.* ¶ 16.

The standard of care for cataract treatment is timely surgical removal of the cataract with implantation of an artificial intraocular lens. *Id.* ¶ 14. The surgery is highly effective and the only curative treatment. *Id.* Modern cataract surgery is safe, cost-effective, and performed on an outpatient basis in minutes. *Id.* ¶ 15. Cataract surgery becomes medically necessary when a patient's visual acuity is 20/40 or worse even with glasses or contacts.[1] *Id.* ¶ 19.

Even if a patient has had cataract surgery on one eye, cataract surgery on the second eye is medically necessary if the patient's best corrected visual acuity remains 20/40 or worse, or if the difference in prescription between the patient's eyes causes anisometropia—double vision, eye strain, headaches, or imbalance that cannot be corrected by glasses or contacts. *Id.* ¶¶ 19, 20. Delay of cataract surgery can result in glaucoma—a dangerous increase in intraocular pressure that can lead to irreversible blindness—and a riskier surgical procedure if the cataract progresses to the hypermature stage. *Id.* ¶ 27.

In March 2022, DAC sent Ms. Chambers to the UNC Eye Clinic where she was told she would be scheduled "as soon as possible to have the cataract surgery." D.E. 8-4 at 2. The following month, a DAC physician, Dr. Alan Holton, submitted a Utilization Review Request (UR request) [2] for Ms. Chambers to receive cataract surgery

[1] The best visual acuity that a patient can achieve with correction from glasses or contacts is referred to as her "best corrected visual acuity."

[2] Beyond routine primary care, DAC heath care providers must submit a UR request for any medical procedure for a prisoner. *See* S.1400 Utilization Management, N.C. Dep't of Adult Corr. Div. of Inst. Pol'y & Proc., at 2–3 (July 13, 2023), https://public.powerdms.com/NCDAC/tree/documents/2349084. The Utilization Management

on her right eye. *Id.* at 4. She underwent successful surgery on her right eye in October 2022. *Id.* at 5.

Ms. Chambers was scheduled to undergo surgery on her left eye in November 2022, but it was cancelled without explanation. *Id.* at 5–6. At a vision screening the next month, her best-corrected near distance vision was 20/20 for her right eye, but 20/200 for her left eye, and 20/150 overall. *Id.* at 7. The DAC nurse conducting the exam noted that Ms. Chambers "has known cataract in left eye and is awaiting surgical intervention." *Id.*

The following April, another DAC medical provider, Nurse Practitioner Reginald Fennell, submitted a "Rush" priority UR request for Ms. Chambers to receive cataract surgery on her left eye. *Id.* at 6. The request was denied—a note in her DAC medical records states, "Please inform patient that her cataract surgery was deferred by the Medical Director for NCCIW [Defendant Amos]. Patients receive one cataract surgery while incarcerated." *Id.* at 9.

Then in October, a third DAC clinician, optometrist Dr. Robert Toler, submitted a UR request for Ms. Chambers to receive an ophthalmology consult, writing that she "needs surgery on second eye. Please approve consult with same eye surgical facility." *Id.* at 10. Ms. Chambers did not receive the consult. D.E. 6 ¶ 35.

Eight months later, in June 2024, DAC clinician Dr. Josephine Brown noted that Ms. Chambers had chronic double vision and had been denied a second cataract

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Medical Director is responsible for conducting "[c]ase-specific review" of UR requests and ultimately approving or deferring the requests. *Id.* at 3.

surgery. D.E. 8-4 at 12. At a subsequent visit, Ms. Chambers requested an eye patch to help with her double vision because glasses didn't help. *See id.* at 13. While the eye patch can help with her double vision, it does nothing to address her other symptoms and leaves her completely blind on her left side. D.E. 6 ¶ 46; D.E. 8 ¶¶ 23–24.

On May 1, 2025, two and a half years after the scheduled surgery on her left eye was cancelled, Ms. Chambers' counsel sent the DAC general counsel a letter explaining the situation and demanding that Ms. Chambers receive a second cataract surgery as directed by her healthcare providers. D.E. 6 ¶ 51.

On May 6, Ms. Chambers had another clinic visit with Dr. Toler, and he again submitted a UR request for Ms. Chambers to receive an ophthalmology consultation for cataract surgery on her left eye. D.E. 8-4 at 15. The request explained that Ms. Chambers had "vision correctable to only 20/150" in her left eye, while vision in her right eye was 20/20 without need for correction. *Id.* On May 14, Defendants' counsel responded via letter to Ms. Chambers' demand letter, but the response did not state whether Ms. Chambers would receive her second surgery. D.E. 6 ¶ 53.

Today, despite multiple DAC medical providers recommending cataract surgery on her left eye over the course of more than three and a half years, Defendants still refuse to provide Ms. Chambers with the surgery. The only reason they have ever provided for this refusal is that "[p]atients receive one cataract surgery while incarcerated." D.E. 8-4 at 9.

As a result of her untreated cataract, Ms. Chambers can only see shapes and some colors in her left eye. *Id.* at 18. The severe vision impairment in her left eye

causes double vision, poor depth perception, and poor balance, which leave her at a heightened risk for falls. *See* D.E. 6 ¶ 40; D.E. 8 ¶ 20. These symptoms regularly cause her to run into objects. D.E. 6 ¶ 43. Ms. Chambers frequently hits her head on the metal frame of her bunk bed, and on one occasion she hit her head on a transport van so badly that she required medical attention. *Id.* ¶ 44.

Ms. Chambers experiences chronic headaches that are not alleviated by Tylenol, as well as eye strain and significant difficulty reading. *Id.* ¶¶ 40–41. Because the difference in visual acuity between her two eyes is so great, her symptoms cannot be corrected with glasses. D.E. 8 ¶¶ 20, 28; D.E. 8-4 at 15.

Violence in the prison is routine, and Ms. Chambers is especially vulnerable to attacks because she is an older woman who cannot see anything on her left side beyond blurred colors and movement. D.E. 6 ¶¶ 45–46. Her poor vision has also resulted in losing two jobs in the prison, first in the dental lab and second in the tag plant, because she could not see well enough to perform the required tasks. *Id.* ¶¶ 47–49.

As Dr. Raiji explains in her expert declaration, cataract surgery on Ms. Chambers' left eye is medically necessary because her best corrected visual acuity is 20/150—significantly worse than the 20/40 required by the standard of care—and she has symptomatic anisometropia. D.E. 8 ¶ 28. There is no other treatment that can cure or significantly alleviate Ms. Chambers' condition. *Id.*

LEGAL STANDARD

A preliminary injunction is warranted where a plaintiff (1) is likely to succeed on the merits of her claim, (2) will likely suffer irreparable harm without preliminary relief, (3) the balance of the equities tips in her favor, and (4) an injunction is in the public interest. *Winter v. NRDC*, 555 U.S. 7, 20 (2008).

ARGUMENT

I. Ms. Chambers will likely succeed on the merits of her Eighth Amendment claim.

The Eighth Amendment requires a state to "provide medical care for those whom it is punishing by incarceration." *Estelle v. Gamble*, 429 U.S. 97, 103 (1976). For a claim of inadequate medical care, the plaintiff must "prove an objective component and a subjective component. That is, the plaintiff must demonstrate that the defendant prison official acted with 'deliberate indifference' (the subjective component) to the plaintiff's 'serious medical needs.' (the objective component)." *Gordon*, 937 F.3d at 356 (citation omitted)

"A plaintiff seeking a preliminary injunction must demonstrate a likelihood, not a certainty, of success on the merits." *Bernstein v. Sims*, 643 F. Supp. 3d 578, 584 (E.D.N.C. 2022). Here, Ms. Chambers will likely establish both elements of her claim.

A. Ms. Chambers' cataract is an objectively serious medical need.

A serious medical need is "one that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would easily

recognize the necessity for a doctor's attention." *Iko v. Shreve*, 535 F.3d 225, 241 (4th Cir. 2017) (quoting *Henderson v. Sheahan*, 196 F.3d 839, 846 (7th Cir. 1999)).

Numerous courts have recognized untreated cataracts and other visual impairments as serious medical needs. The Ninth Circuit has held that blindness in one eye caused by a cataract is a serious medical need even after the other eye has been corrected with surgery. "Although blindness in one eye is not life-threatening, it is no trifling matter either. It is not a bump or scrape or tummy ache. Monocular blindness is the loss of the function of an organ." *Colwell v. Bannister*, 763 F.3d 1060, 1064, 1066 (9th Cir. 2014). Other courts have also found it uncontroversial that cataracts are a serious medical need. *See, e.g.*, *Hollihan v. Penn. Dep't of Corr.*, 159 F. Supp. 3d 502, 512 (M.D. Pa. 2016) (collecting cases holding that "cataracts requiring corrective surgery fall squarely within the ambit of Eighth Amendment protection" in challenge to "one good eye" policy); *Foster v. Ghosh*, 4 F. Supp. 3d 974, 979 (N.D. Ill. 2013) (noting "there is little question that cataracts" are "an objectively serious medical condition"); *Morris v. Corr. Med. Servs.*, No. 2:07-cv-10578, 2012 WL 5874477, at *3 (E.D. Mich. Nov. 20, 2012) ("The Court finds a lay person would easily recognize the necessity for a doctor to extract a cataract.").

Courts have also held that loss of vision, double vision, and loss of depth perception are serious medical needs. *See Koehl v. Dalsheim*, 85 F.3d 86, 88 (2d Cir. 1996) ("Such visual deficiencies can readily cause a person to fall or walk into objects, and Koehl alleged that he has experienced such occurrences, and has suffered injuries as a consequence."); *King v. Lawson*, No. 21-14492, 2024 WL 3355179, at *3 (11th Cir.

July 10, 2024) ("Of course, the need to treat a serious eye infirmity, let alone blindness is so obvious that even a lay person would easily recognize it." (quotation marks omitted)).

Here, DAC's own medical providers have determined that the cataract in Ms. Chambers' left eye requires treatment. Ms. Chambers was scheduled to receive cataract surgery on her left eye in November 2022. D.E. 8-4 at 6. About six months after the surgery was cancelled without explanation, DAC Nurse Practitioner Reginald Fennell submitted a "rush" UR request for her to receive the surgery. *Id.* Another DAC provider, Dr. Robert Toler, submitted an additional request a few months later, stating that Ms. Chambers "needs surgery on second eye." *Id.* at 10. And earlier this year, Dr. Toler made yet another request for Ms. Chambers to receive an ophthalmology consult for surgery, noting that Ms. Chambers' vision was correctable to only 20/150 in her left eye. *Id.* at 15.

These recommendations align with the professional standard of care and confirm that a second cataract surgery is medically necessary for Ms. Chambers. D.E. 8 ¶ 28. Surgery is medically necessary when a patient's best corrected visual acuity is 20/40 or worse, or when the cataract results in symptomatic anisometropia. *Id.* ¶¶ 19–20, 28.

Even a layperson would recognize that Ms. Chambers' cataract necessitates a doctor's attention. Cataracts are a very common ailment among older people. *Id.* ¶ 13. Ms. Chambers hits her head frequently and runs into people and objects. She has lost jobs due to her impaired vision, has difficulty reading, balancing, and protecting

herself, and experiences headaches and double vision that cannot be corrected with glasses. D.E. 6 ¶¶ 40–49.

Accordingly, Ms. Chambers will likely establish the objective prong of her Eighth Amendment claim.

B. Defendants' refusal to even consider a second cataract removal constitutes deliberate indifference.

Prison officials act with deliberate indifference when they fail to provide treatment that is "adequate to address the prisoner's serious medical need" despite having subjective knowledge of that need. *De'lonta v. Johnson*, 708 F.3d 520, 526 (4th Cir. 2013) (*De'lonta II*). Deliberate indifference is "more than mere negligence, but less than acts or omissions done for the very purpose of causing harm or with knowledge that harm will result." *Scinto v. Stansberry*, 841 F.3d 219, 225 (4th Cir. 2016) (cleaned up). And where—as here—a deliberate indifference claim arises from prison officials' refusal to provide a course of treatment, "the essential test is one of medical necessity[.]" *De'lonta II*, 708 F.3d at 526 n.4 (quoting *Bowring v. Godwin*, 551 F.2d 44, 48 (4th Cir. 1977)).

Defendants have manifested deliberate indifference to Ms. Chambers' medical needs in at least two ways: first, by imposing a blanket ban on second-eye cataract surgery regardless of individual need, and second, by withholding the surgery that her treating providers have found necessary.

1. Defendants have imposed a blanket ban on second cataract surgeries regardless of patients' individual needs.

The Eighth Amendment requires that prison officials provide "individualized" medical assessments that result "in adequate medical care" for prisoners. *Gordon*,

937 F.3d at 361 (quoting *Roe v. Elyea*, 631 F.3d 843, 860 (7th Cir. 2011)). Defendants' policy or practice of providing only one cataract surgery per prisoner, regardless of their medical needs, violates this essential requirement.

The Fourth Circuit and other courts have acknowledged that blanket bans on specific medical treatments may violate the Eighth Amendment. *See Gordon*, 937 F.3d at 357–62 (blanket ban on hepatitis C treatment for certain prisoners); *De'lonta v. Angelone*, 330 F.3d 630, 635 (4th Cir. 2003) (*De'lonta I*) (reversing dismissal where alleged "refusal to provide hormone treatment to [the plaintiff] was based solely on the Policy rather than on a medical judgment concerning [her] specific circumstances"); *Kosilek v. Spencer*, 774 F.3d 63, 91 (1st Cir. 2014) (en banc) (explaining that a blanket ban on certain treatments "would conflict with the requirement that medical care be individualized based on a particular prisoner's serious medical needs"); *Monmouth Cnty. Corr. Institutional Inmates v. Lanzaro*, 834 F.2d 326, 347 (3d Cir. 1987) (recognizing that de facto ban on procedure prevented the "individualized treatment normally associated with the provision of adequate medical care"); *Zayre-Brown v. N.C.D.P.S.*, No. 3:22-cv-191-MOC-DCK, 2024 WL 410243, at *6 (W.D.N.C. Feb. 2, 2024) (same); *see also Kister v. Quality Corr. Health Care*, No. 20-11537, 2022 WL 3018194, at *4 (11th Cir. July 29, 2022) (collecting cases and explaining that "failing to treat a serious medical need for non-medical reasons constitutes deliberate indifference").

Most relevant here, the Ninth Circuit has addressed an administrative ban on second-eye cataract surgery. The court held that "the blanket, categorical denial of

medically indicated surgery solely on the basis of an administrative policy that 'one eye is good enough for prison inmates' is the paradigm of deliberate indifference." *Colwell*, 763 F.3d at 1063. A district court in another circuit reached a similar conclusion. *Hollihan*, 159 F. Supp. 3d at 512 (plaintiff stated an Eighth Amendment claim by alleging that "although defendants knew that [plaintiff's] physicians uniformly recommended cataract surgery on his left eye, defendants nonetheless forestalled the procedure for six years based on the Department's cataract policy").

Here, Defendants are aware of Ms. Chambers' need for treatment. They are responsible for implementing policies for cataract treatment, and those policies recognize the need for treatment by allowing it for one of a patient's eyes. *C.f. Gordon*, 937 F.3d at 357–58 (prison policies recognized need for treatment of hepatitis C). As the Medical Director for NCCIW, it is "entirely reasonable to presume that" Defendant Amos "is familiar with the risks presented by" untreated cataracts. *Id.* at 360. And Defendants have been advised of the harm that their policy is inflicting on Ms. Chambers through her providers' repeated requests for treatment and her attorneys' demand letter. D.E. 8-4 ¶¶ 6, 10, 15; D.E. 6 ¶ 51.

But just like the plaintiff in *Colwell*, Ms. Chambers was denied treatment "solely because of an administrative policy, even in the face of medical recommendations to the contrary." 763 F.3d at 1068. Defendants here denied surgery "not because it wasn't medically indicated, not because [her] condition was misdiagnosed, not because the surgery wouldn't have helped," but because Defendants have a policy or

practice of "requir[ing] an inmate to endure reversible blindness in one eye if [she] can still see out of the other. This is the very definition of deliberate indifference." *Id.*

For these reasons, Ms. Chambers will likely establish that Defendants have established a non-medical blanket ban on second-eye cataract removal in violation of the Eighth Amendment.

2. Defendants are withholding care found medically necessary by their own providers and unnecessarily prolonging Ms. Chambers' pain.

Even in the absence of an administrative ban on second-eye cataract removal, Defendants are still violating the Eighth Amendment by refusing to provide medically necessary care.

Prison officials show deliberate indifference by "intentionally denying or delaying access to medical care or intentionally interfering with the treatment once prescribed." *Estelle*, 429 U.S. at 104–05 (footnotes omitted). *See, e.g.*, *Smith v. Smith*, 589 F.3d 736, 739 (4th Cir. 2009) (nurse causing prisoner's treatment to be delayed for less than a month by ripping up his doctor's order could be liable for deliberate indifference); *Sharpe v. S.C. Dep't of Corr.*, 621 F. App'x 732, 734 (4th Cir. 2015) ("A delay in treatment may constitute deliberate indifference if the delay exacerbated the injury or unnecessarily prolonged an inmate's pain."); *Darrah v. Krisher*, 865 F.3d 361, 368–70 (6th Cir. 2017) (chief medical officer could be found deliberately indifferent for refusal to provide prisoner with drug prescribed by his previous physician because it was outside the prison's formulary).

That is exactly what Defendants have repeatedly done to Ms. Chambers. In 2022, they cancelled the cataract surgery that Ms. Chambers was already scheduled to receive. D.E. 8-4 at 5–6. When a DAC medical provider, Nurse Practitioner Fennell, submitted a new request for her to receive the surgery, Defendants denied it only because "[p]atients receive one cataract surgery while incarcerated." *Id.* at 9. Another DAC provider, Dr. Toler, has since submitted two more requests for Ms. Chambers to receive an ophthalmology consultation for surgery, clearly stating that she "needs" the surgery and has vision correctable to only 20/150 without it. *Id.* at 10, 15. But Defendants still refuse to provide it. They have never provided a medical justification.

Moreover, the mere fact that prison officials "provided [Ms. Chambers] with *some* treatment" does not mean they "have necessarily provided her with *constitutionally adequate* treatment." *De'lonta II*, 708 F.3d at 526. Prison medical care must be "adequate to address the prisoner's serious medical need." *Id.* As the Fourth Circuit observed, providing a painkiller would be no substitute for a medically indicated evaluation for surgery. *Id.* Here, Tylenol and an eye patch cannot restore Ms. Chambers' vision, nor can they meaningfully address her chronic headaches or risk of falling. Persisting in a course of treatment once it has clearly become ineffective further demonstrates deliberate indifference. *See Perry v. Meade*, 728 F. App'x 180, 182 (4th Cir. 2018) (citing cases and holding that prescription of ineffective treatment and failure to change course when informed by plaintiff that condition had worsened stated claim for deliberate indifference); *see also Badu v. Broadwell*, No. 5:11-ct-3192-F, 2013 WL 286262, at *3–4 (E.D.N.C. Jan. 24, 2013) (discontinuation of effective

medication and replacement with ineffective medication stated claim for deliberate indifference).

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Both by imposing a blanket ban on individualized treatment of Ms. Chambers' cataract and by withholding surgery their own medical providers have prescribed for her, Defendants have acted with deliberate indifference to her serious medical needs. Accordingly, Ms. Chambers is likely to succeed on the merits of her Eighth Amendment claim.

II. Ms. Chambers will suffer irreparable harm in the absence of a preliminary injunction.

"[T]he denial of a constitutional right, if denial is established, constitutes irreparable harm for purposes of equitable jurisdiction." *Ross v. Meese*, 818 F.2d 1132, 1135 (4th Cir. 1987). When a plaintiff seeks preliminary injunctive relief for a constitutional violation, the "claimed irreparable harm is inseparably linked to the likelihood of success on the merits" of the claim. *W. Va. Ass'n of Club Owners & Fraternal Servs. v. Musgrave*, 553 F.3d 292, 298 (4th Cir. 2009) (quotation marks omitted); *accord Leaders of a Beautiful Struggle v. Balt. Police Dep't*, 2 F.4th 330, 346 (4th Cir. 2021) (en banc) ("Because there is a likely constitutional violation, the irreparable harm factor is satisfied.").

The ongoing constitutional violation of withholding medically necessary cataract surgery from Ms. Chambers is irreparable harm. As a result of her untreated cataract, Ms. Chambers experiences functional blindness in her left eye, double vision, poor depth perception and balance, difficulty reading, and fear caused by her

inability to protect her blind side. D.E. 6 ¶¶ 40–49. And the longer her cataract remains untreated, the greater the risk she faces of falls and injury, surgical complications, glaucoma, and irreversible blindness in her left eye. D.E. 8 ¶ 27.

III. The balance of the equities and the public interest weigh in favor of a preliminary injunction.

In evaluating the balance of equities, courts "must balance the competing claims of injury and must consider the effect on each party of the granting or withholding of the requested relief." *Winter v. NRDC*, 555 U.S. 7, 24 (2008) (citation omitted). Here, the balance of the equities weighs heavily in favor of a preliminary injunction. Receiving treatment for her mature cataract would restore Ms. Chambers' vision and dramatically improve her health, safety, and ability to engage in the activities of daily living. D.E. 8 ¶ 20. For Defendants, an injunction would merely require the state to provide a routine, inexpensive medical procedure to one patient. *See id.* ¶ 17. And the state is not harmed by the issuance of a preliminary injunction preventing it from enforcing an unconstitutional blanket ban on medical treatment. *C.f. Centro Tepeyac v. Montgomery Cnty.*, 722 F.3d 184, 191–92 (4th Cir. 2013) (en banc) ("[A] state is in no way harmed by issuance of a preliminary injunction which prevents the state from enforcing restrictions likely to be found unconstitutional.").

The public interest is also served by granting Ms. Chambers' requested relief. *See Giovani Carandola, Ltd. v. Bason*, 303 F.3d 507, 521 (4th Cir. 2002) ("[U]pholding constitutional rights surely serves the public interest."); *Flynn v. Doyle*, 630 F. Supp. 2d 987, 993 (E.D. Wis. 2009) ("The public has a strong interest in the provision of constitutionally-adequate health care to prisoners and this public interest

argues in favor of granting the motion for preliminary injunction."); *Bernstein v. Sims*, 643 F. Supp. 3d 578, 588 (E.D.N.C. 2022) ("The public interest always lies with the vindication of constitutional rights.").

IV. The relief sought complies with the Prison Litigation Reform Act.

The Prison Litigation Reform Act (PLRA) requires that in prison cases, "preliminary injunctive relief must be narrowly drawn, extend no further than necessary to correct the harm the court finds requires preliminary relief, and be the least intrusive means necessary to correct that harm." 18 U.S.C. § 3626(a)(2). Courts must also "give substantial weight to any adverse impact on public safety or the operation of a criminal justice system caused by the preliminary relief[.]" *Id*.

Here, Plaintiff seeks an injunction requiring Defendants to provide a single, routine medical procedure already made available in other contexts and recognized by Defendants' own healthcare providers as medically necessary. This relief is minimally intrusive and could not plausibly result in any harm to public safety. Therefore, the relief sought complies with the PLRA.

V. The Court should waive the requirement to provide security.

While Rule 65(c) of the Federal Rules of Civil Procedure provides that "a court may issue a preliminary injunction . . . only if the movant gives security," the Fourth Circuit has held that "the district court retains the discretion to set the bond amount as it sees fit or waive the security requirement." *Pashby v. Delia*, 709 F.3d 307, 332 (4th Cir. 2013).

In cases in which prisoners seek preliminary injunctive relief to obtain medically necessary care or to address medically harmful prison conditions, courts

commonly exercise their discretion to waive any security requirement. *See, e.g.*, *Beck v. Hurwitz*, 380 F. Supp. 3d 479, 485 (M.D.N.C. 2019).

A waiver of any security is warranted in this case. The Fourth Circuit has explained, "[i]n fixing the amount of an injunction bond, the district court should be guided by the purpose underlying Rule 65(c), which is to provide a mechanism for reimbursing an enjoined party for harm it suffers as a result of an improvidently issued injunction or restraining order." *Hoechst Diafoil Co. v. Nan Ya Plastics Corp.*, 174 F.3d 411, 421 n.3 (4th Cir. 1999). Here, the individual defendants who have been sued in their official capacities are unlikely to incur any costs or damages as a result of the preliminary injunction. *See U.S. Airline Pilots Ass'n v. Velez*, No. 3:14-cv-00577-RJC-DCK, 2015 WL 5258725, at *7 (W.D.N.C. Aug. 27, 2015) (waiving security because, among other reasons, the court had found in its analysis of the balance of equities that there was "little to no risk that Defendants would be harmed as a result of an improvidently issued injunction"). In addition, when a plaintiff of limited financial means seeks to vindicate their constitutional rights and there is a significant public interest underlying the action, waiver of a bond is warranted. *Taylor-Failor v. Cnty. of Haw.*, 90 F. Supp. 3d 1095, 1103 (D. Haw. 2015).

CONCLUSION

The Court should enter a preliminary injunction enjoining Defendants to immediately provide Ms. Chambers with an ophthalmologist consultation for cataract surgery and to provide the treatment as directed by the consulting physician.

Respectfully submitted this 10th day of November, 2025.

ACLU OF NORTH CAROLINA LEGAL FOUNDATION

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CERTIFICATE OF SERVICE

I certify that on November 10, 2025, I filed the foregoing document via ECF and will serve the document via email on Orlando Rodriguez, General Counsel for the North Carolina Department of Adult Correction, at orlando.rodriguez@nc.dac.gov.

/s/ Jacqueline L. Landry
Jacqueline L. Landry

CERTIFICATE OF WORD COUNT

Pursuant to Local Civil Rule 7.2(f)(3), I hereby certify that this memorandum contains 4,882 words, as calculated by the word processing software used to prepare the document, and accordingly complies with the applicable word limit.

/s/ Jacqueline L. Landry
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